



## Application for Employment

### Position Applied For:

Applications will be accepted only for open positions. Resumes are not accepted in lieu of an application, but may be attached for supplemental information. Submit a separate application for each position. Answer all questions. Applications will not be considered until complete in every respect.

Your application will be kept active for a period of ninety (90) days or until the position is filled, whichever is later.

The Town of Edgewood does not discriminate in employment on the basis of race, age, religion, color, national origin, ancestry, sex, physical or mental disability, medical condition or political affiliation, unless based on a bona fide occupational qualification. No question on this application form is intended to secure information to be used for such discrimination.

This application will be given every consideration, but its receipt by the Town of Edgewood does not imply that the applicant will be employed.

### Personal Information

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Number) (Street) (City, State, Zip)

Telephone (Home)(\_\_\_\_)\_\_\_\_-\_\_\_\_ (Work)(\_\_\_\_)\_\_\_\_-\_\_\_\_ (Other)(\_\_\_\_)\_\_\_\_-\_\_\_\_

Have you ever used a different name for school or employment?

\_\_\_ Yes \_\_\_ No

If so, what name(s)? \_\_\_\_\_

Have you ever been employed by the Town of Edgewood?

\_\_\_ Yes \_\_\_ No

If yes, give date separated. \_\_\_\_\_

Does the Town of Edgewood employ any relative of yours?

\_\_\_ Yes \_\_\_ No

If yes, Name \_\_\_\_\_

Relationship \_\_\_\_\_

Can you work legally in the United States?

\_\_\_ Yes \_\_\_ No

If hired, documentation showing eligibility for employment and identity will be required.

Do you possess a valid Driver's License?

\_\_\_ Yes \_\_\_ No

State \_\_\_\_\_ Class \_\_\_\_\_ License # \_\_\_\_\_

In accordance with the Military Selective Service Act, all male applicants between the ages of eighteen (18) and twenty-six (26) are required to present proof of registration.

Are you between the ages of 18-26?

\_\_\_ Yes \_\_\_ No

If yes, have you registered for the Selective Service?

\_\_\_ Yes \_\_\_ No

If yes, please provide your Selective Service Number \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony?

If yes, on a separate sheet of paper, please give date(s) and place(s), the specific charge(s), and fully explain the situation. A conviction will not necessarily disqualify applicant from employment.

Are you applying for: \_\_\_ Full Time, \_\_\_ Part Time, \_\_\_ Temporary, \_\_\_ Seasonal

Are you available to work: ☐ Weekends, ☐ Variable  
Date available: \_\_\_\_\_, Hours/days not available: \_\_\_\_\_

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### Military Service

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Date Entered	Date Discharged	Branch	Final Rank	Military Occupational Specialty
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### Education/Training

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<u>School Attended:</u>	<u>City/State:</u>	<u>Circle Level Completed:</u>	<u>Degree Obtained:</u>
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High School		9 – 10 – 11 – 12 – GED	
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College		F – S – Jr – Sr	
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Graduate School		Graduate Major and Hours	
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Business School		Courses Taken	
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Vocational School		Courses Taken	
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### Licenses, Special Certificates or Skills

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Indicate any foreign languages you can speak, read and/or write.

Speak \_\_\_\_\_, Read \_\_\_\_\_, Write \_\_\_\_\_

Typing Speed	Shorthand Speed	Do you operate a 10-key adding machine <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sight <input type="checkbox"/> Touch
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Office Machines

Software Programs

Heavy Equipment or Other Machinery

CPR\_\_\_\_, First Aid\_\_\_\_, EMT-B\_\_\_\_, Other\_\_\_\_

Please indicate any other information you would like us to consider.

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## Employment History

List below your complete employment record starting with your present or last employer. Include any unemployed or self-employed periods, showing dates and locations. Please use a "Supplemental History" sheet, after filling this page and the next, for longer employment history.

Company Name	Type of Business	From (Mo/Yr) To (Mo/Yr)
Address	Phone	Your Job Title
City/State/Zip Code	Starting Monthly Pay	Last Monthly Pay
Supervisor's Name	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Per Week

If you supervised employees, please indicate number and give dates.

Duties:

Reasons for leaving:

Company Name	Type of Business	From (Mo/Yr) To (Mo/Yr)
Address	Phone	Your Job Title
City/State/Zip Code	Starting Monthly Pay	Last Monthly Pay
Supervisor's Name	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Per Week

If you supervised employees, please indicate number and give dates.

Duties:

Reasons for leaving:

Company Name	Type of Business	From (Mo/Yr) To (Mo/Yr)
Address	Phone	Your Job Title
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Supervisor's Name	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Per Week

If you supervised employees, please indicate number and give dates.

Duties:

Reasons for leaving:

Company Name	Type of Business	From (Mo/Yr) To (Mo/Yr)
Address	Phone	Your Job Title
City/State/Zip Code	Starting Monthly Pay	Last Monthly Pay
Supervisor's Name	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Per Week

If you supervised employees, please indicate number and give dates.

Duties:

Reasons for leaving:

### Professional References (No Relatives)

Name	Address	Phone

### Certification (Please read and initial each point)

- In the event of my employment with the Town of Edgewood, I will comply with all rules and regulations set forth in the Town's Policy Manual or other communications distributed to employees. I understand that such employment may be conditional upon such record checks, references, and tests as are appropriate to the specific job for which I am applying. This shall include a drug screen by a physician selected by the Town of Edgewood to which to which I hereby consent. \_\_\_\_\_
- I authorize the Town of Edgewood to contact any individuals or organizations the Town deems suitable to make inquiry regarding my personal character, work habits, work performance, credit or my knowledge, ability and skill to perform the duties of the position for which I have applied. \_\_\_\_\_
- I hereby hold harmless and release the Town of Edgewood, and any persons or organizations contacted by the Town of Edgewood, from all liability of any kind, regarding their assessment of my character, work habits, performance, training, knowledge, skill or ability to perform the duties of the position for which I have applied. \_\_\_\_\_
- I understand that acceptance of an offer of employment does not create a contractual obligation upon the Town of Edgewood to continue to employ me in the future. \_\_\_\_\_
- If I am employed, I understand that any false, misleading or omitted information on my application or interview(s) may result in disciplinary action up to and including possible termination of employment. \_\_\_\_\_

Signature of Applicant	Date	Social Security No.	Date of Birth
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